BULLETIN

OF THE NATIONAL TUBERCULOSIS ASSOCIATION

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TB Campaign Moves Ahead

ACROSS THE EDITOR'S DESK

Fortieth Seal Sale

The opening on Monday, Nov. 25, 1946, of the 40th annual Christmas Seal Sale in the United States perhaps means more this year than in any year since the organized movement to control tuberculosis got under way in 1904. With much of the world getting back to a peace time basis, it is interesting to know that there are now 34 foreign national tuberculosis associations functioning more or less as we do in the United States. Of these 27 will finance their work in whole or in part with 1946 issues of Christmas Seals.

The 1945 Christmas Seal Sale having attained the significant total of $15,750,000, we are apt to be scrutinized carefully by the giving public. New conditions exist in fund raising since the patriotic war appeals are disappearing from the scene. Many people have modified their opinions about what agencies need money most and are likely to give to those causes which have demonstrated ability to accomplish results. Tuberculosis stands at the top of the list and we can now use the word eradication in speaking of our programs of work.

As has often been proved in the past, great demands on the public purse to finance patriotic and welfare services tend to make people more liberal towards all agencies. Generosity such as this was at a peak during the war years when economic conditions were such as to put a surplus of ready cash in the pockets of the people, a welcome release economically from the shortage of ready money that existed during the depression years from 1930-1938.

Carefully planned programs of work plus the essential interpretive publicity should enable us to keep our objective constantly before the public. The confidence of a high percentage of the people, long enjoyed by the affiliated tuberculosis associations, will work to our advantage in the changing giving habits. To our credit is the fact that our 40-year winning fight against tuberculosis is now entering the final stage. That we have been able to finance ourselves through the unique Christmas Seal Sale carried on by mail is certainly not to our discredit. The large majority of our past givers and many new ones will recognize and support tuberculosis associations in the job that remains to be done.

We need $16,000,000 for 1946 local programs. The combined budgets of national, state and local associations call for this amount. In asking the public to give this amount, it is believed that facts are appealing. More than 50,000 people die annually from tuberculosis and there are at least 250,000 unknown active cases which must be found if tuberculosis is to be eradicated. This job will tax the facilities of every tuberculosis association and require the continuation of the kind of public support we have so long enjoyed. *—C. L. Newcomb, Director, Seal Sale Service, NTA.*

BULLETIN

OF THE

NATIONAL TUBERCULOSIS ASSOCIATION

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Published monthly at 1790 Broadway, New York 19, N. Y., by the National Tuberculosis Association for those interested in public health and the administrative aspects of tuberculosis, and made possible through the annual sale of Christmas Seals.

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The editors welcome articles for possible publication. If an article deals with a subject on which there may be differences of opinion, THE BULLETIN will be glad to consider presentation of varying opinions in the same or subsequent issues.

ELLEN LOVELL, *Editor*
ELIZABETH HODGSON, *Associate Editor*

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The Voluntary TB Movement

Associations Have Won Respect of Public — Assets Acquired Must Be Retained — Nothing Must Impede Ultimate Goal, Eradication of Tuberculosis

By WILLIAM P. SHEPARD, M.D.

IT is natural that the postwar period should bring a critical attitude toward the established order of things in general, including public health and the voluntary health agencies. If there be any slight virtue in war, it is that it speeds some natural process which might otherwise require evolutionary slowness. In no field is this more true than in science, particularly medical science on which better health is so dependent. There are developed not only new devices and methods, but still more important, new viewpoints. It is new viewpoints that make us critical of the old order and eager for new and better ways. This is nearly all to the good, especially if our criticism can be kept constructive and we can be temperate enough to avoid throwing out the good with the bad.

Our responsibility is clear: to examine ourselves in this new critical light, remedy our shortcomings, enhance our strengths and carry on our good work to even greater purpose.

One Third of a Million

The voluntary tuberculosis control movement is relatively young — less than 50 years old. Fifty years ago the tuberculosis death rate was nearly five times what it is today. Over a third of a million people survived in this country last year who would have died of tuberculosis had this decline in the death rate not occurred.

Facilities Few

In 1900 there were few hospital beds; in fact, the sanatorium plan of treatment was hardly under way. There was no such thing as reporting cases to health departments. They were struggling to get causes of death reported. Reporting of cases would have been futile because there was no tuberculosis division and the disease was not considered contagious anyway. Cuspidors were common, but sidewalks were preferred. Tuberculin was soon to become a disappointment in treatment, its diagnostic value unknown. The X-ray was burning the hands of pioneer roentgenologists who had still to learn how to read chest plates. There was no case-finding. We have come a long way in 50 years; far enough to profit from our past experience. There are some lessons we have learned which are worth preserving.

Unique Features

There are several features of the anti-tuberculosis movement which are unique. They are among our greatest assets.

One important feature is that our influence is surprising. The voluntary tuberculosis associations have been largely responsible for public support of tuberculosis control. This support led to legislation prohibiting spitting in public places, providing tax-supported sanatoriums, providing more and stronger health departments, initiating special bureaus manned by experts in tuberculosis control in health departments and establishing a special tuberculosis control division in the U. S. Public Health Service. True to the functions of a voluntary agency, we have educated, demonstrated and turned over to the official agencies new and valuable methods of tuberculosis control.

Compared with 50 years ago there are few families who are entirely ignorant of the tuberculosis problem. Indeed, a vast army of people have had direct sanatorium experience or have learned from friends who had such experience. The level of health information of the general public has been greatly elevated, largely through our pioneer efforts.

Effective Influence

This remarkably effective influence held by the voluntary tuberculosis associations is due, in turn, to several reasons which are well reported in the interpretive study of voluntary health agencies made by Selskar M. Gunn and Philip S. Platt, published last year. These reasons might be listed as (1) the initial virtue of the cause, (2) the character of leaders, (3) the high standards of stewardship and (4) freedom and independence.

No one can oppose tuberculosis control. No one can say we have selfish motives. Herein lies the great advantage of a voluntary group. When we go before legislative bodies we are pleading for aid to the unfortunate and safeguards for the well. We are not speaking for salaries for ourselves. We have no axe to grind. We are

THE AUTHOR

Dr. William P. Shepard, president of the National Tuberculosis Association, is third vice-president of the Metropolitan Life Insurance Company and a past president of the California Tuberculosis and Health Association. He is a fellow of the American Public Health Association and served as president of the association's Western branch in 1940-41. Dr. Shepard, who is clinical professor, department of public health and preventive medicine, Stanford University, lives at Palo Alto, Calif. His article is taken from a paper which he delivered at the 1946 annual meeting of the Washington Tuberculosis Association at Seattle, July 30.

not even a minority pressure group, since we speak for all the people who buy Christmas Seals. This list of purchasers is our vote of confidence from the people, an overwhelming plurality which is the envy of any office holder and which commands his respect.

Too often we overlook this power which stems from the initial virtue of our cause. It is not used enough. We are too much inclined to leave appropriations to the health officer or sanatorium superintendent. His motives are the same, but he is viewed in a different light. He is asking for staff, equipment and salaries for himself. He needs our backing.

A Worthy Work

Ours is a worthy work which appeals to the sense of responsibility of each of the community's natural leaders. Regardless of the group they lead, tuberculosis control is of importance to them. The cause attracts and holds the generous service of thousands of our board members and volunteer workers. Thus we profit from the best minds in the community whose wisdom is reflected in our planning, policies and procedures.

High Standards

Generally speaking, the voluntary health agencies are noted for their high standards of integrity, devotion and conscientiousness, another factor in obtaining support and respect from the community.

Our greatest asset lies in our freedom and independence and it is unique to free speech, free press and free enterprise of a democracy. People buy Christmas Seals because they want to, no one compels them. Volunteers work for the association because they wish to. The association itself, thanks to wide latitude in local autonomy from the National Tuberculosis Association, is free to do pretty much as it pleases. No bureaucratic rules fetter our activities. We are even free to make mistakes, thus learning by doing.

To these causes underlying our surprising influence, in addition to those reported by Gunn and Platt, I would add another: the teamwork existing between physicians and the community.

Best Medical Guidance

Tuberculosis control as a community activity has had the best of medical guidance. This is an important ingredient of our movement, a happy partnership between medical leaders and community leaders. Physicians were responsible in nearly all localities in starting tuberculosis control. But they recognized early the necessity of teaming up with those who better understood public relations, fund-raising and recruiting public support. Physicians have interpreted the findings of medical science, advised *what* to do to make them beneficial and left it to others more adept to decide *how* to do it. This is a *sine qua non* in any health program.

These are then some of the lessons we have learned in 50 years. They represent our greatest strengths. They are assets which must be preserved.

What are some of the shortcomings which justify criticism and which we can remedy? There is only one of consequence and that is seldom mentioned.

It is that we have not yet controlled tuberculosis. It is still a leading cause of death in certain age groups and in certain localities and racial groups. We have the knowledge. We know how to do it. Why have we not done better? How soon can we finish the job, at least to the extent where tuberculosis is a minor cause of death?

Not Good Enough

There is a common answer to all these questions. We have not been good enough. Good as we are, we should do better. Sometimes we have been too near the trees to see the forest; that is, we have lacked unity of purpose, disagreeing on either how to do it or what to do first. Sometimes we have been distracted, or impeded, by clash of personalities and unwillingness to do the kind of teamwork which brings credit to the whole team, not to one or two individuals. Oftentimes, to be sure, we have lacked funds to do the job right. But mostly, we just haven't believed firmly enough in the ultimate goal, and haven't worked hard enough to make greater progress toward it. Control of tuberculosis is our goal, and nothing should impede our attainment of such a worthy end. Nothing should divert us.

With Other Agencies

Coordinating our work with that of other health agencies is important and is being accomplished. Great strides will be made along this line in the next few years, especially at the local level, and many of our most outstanding tuberculosis associations will take the lead in local health council affairs.

Fund-raising is no problem for us and need not become one. We are among the few agencies rendering enough service to the average man in the average community so that our work is well rewarded by supporters in all walks of life. It will become even better supported as we render more service and make greater gains against tuberculosis.

Expansion of Program

Expansion of program to activities other than tuberculosis control has been under discussion in tuberculosis association circles for many years and is an accomplished fact in several areas.

A year ago the National Tuberculosis Association reaffirmed its previous stand, to the effect that when tuberculosis control is progressing satisfactorily and an adequate program is in effect, and when funds are available to meet other community health problems, permission may be obtained to do this. There is nothing new about this. The National Association foresaw years ago that local tuberculosis associations might often

become the leading voluntary public health agency in their community; they recognized that tuberculosis control required a broad concept of public health in general, close cooperation with and support of the health department, and the teaching of general hygienic measures for healthful living. In more recent years, with the continued decline in both the incidence and mortality from tuberculosis, it becomes more likely that we shall sooner or later see the day when the great white plague is no longer a plague, but a relatively minor cause of death. It is likewise apparent that we have in this organization, with its nation-wide influence, a machinery which is too valuable to abandon.

Applicable to Other Fields

The same skills we have developed in tuberculosis control are applicable to other fields such as mental hygiene, heart diseases, rheumatic fever, venereal diseases and industrial health. They merely require different or additional medical guidance. They all hinge on health education. Finally, it is apparent that we cannot change our program overnight. It is not too early to begin gaining experience in a few selected localities with other forms of health work. Such experience will help others when and if they feel disposed to extend their base of operations.

Local Autonomy

This need cause no furore in state and local associations. The decision to expand or not rests with the locals. They are safeguarded against unwise decisions by being obliged to convince the National Association that they are doing adequate tuberculosis control work. They are safeguarded against unwise expenditures in untried fields by reporting to the National Association what their plans and accomplishments are each year.

These are times of rapid change, much of it for the better. We have certain assets in the voluntary health agencies, and especially in the tuberculosis associations, which must be preserved, since they account for our remarkable success in bringing about tuberculosis control. We need fear no criticism except that we have not yet done our job well enough. And when the time comes that tuberculosis is well in hand, we shall be ready to enter other fields equally challenging and of even greater danger to the health of the nation.

Continuing Usefulness

This well organized public health movement, reaching into every corner of the land as no voluntary health agency has done before, seems too valuable to abandon or curtail. Its usefulness will continue as long as mankind is afflicted with illness and death which is preventable, and the prevention of which depends on the individual's knowing and doing something about it.

HEALTH CONFERENCE COMPLETES TASK

Delegates to the International Health Conference, which opened in New York City June 19, completed their work when the proposed constitution to establish a World Health Organization was signed July 22. Dr. Thomas Parran, Surgeon General, U. S. Public Health Service, who was a delegate from the United States and presided at the Conference, is shown above (center) affixing his signature to the proposed constitution. His signature was provisional since the constitution must be approved by Congress before it is formally accepted by this country. Functioning of the World Health Organization awaits the acceptance of the constitution by 26 members of the United Nations. Meanwhile, an Interim Commission has been appointed to consider pressing health problems. It is headed by Dr. Andrija Stampar, delegate from Yugoslavia (left), as chairman, and Dr. George B. Chisholm of Canada, executive secretary.

Hospital Campaign

AHA, USPHS and NTA urge routine chest X-ray of all admissions and personnel

A nation-wide campaign to promote the routine chest X-raying of all hospital patients and personnel to find unknown cases of tuberculosis and prevent the spread of tuberculosis within hospitals was launched this month under the point sponsorship of the American Hospital Association, the U. S. Public Health Service and the National Tuberculosis Association.

Two to Three Times More

In a message to hospital trustees and administrators, the sponsors estimate that such a service among the approximately 20,000,000 persons who annually enter hospitals and out-patient clinics would discover two to three times as many cases of tuberculosis as mass surveys among the general population. It is pointed out that many cases would be discovered in the early stages when the disease is most quickly and easily curable.

"Most hospitals innocently harbor tuberculous patients who are a grave menace to the physicians, nurses and other personnel, and to all the other patients with whom they come in contact. The only way the danger can be eliminated is the making of a chest X-ray of every patient admitted, and of every employee," the statement says.

Informational Kits

Approximately 15,000 informational kits, describing the need for the service, as well as methods and costs of establishing it, are being distributed by the three sponsoring organizations to hospitals, health officers of states, counties and cities, state and local tuberculosis associations and several hundred radiologists.

Consultation facilities to aid hospital administrators in setting up X-ray routines will be provided by local and state health departments and tuberculosis associations and by field staffs of the U. S. Public Health Service, the sponsors announce.

The Tuberculosis Control Division of the USPHS has also prepared for use in the campaign a new scientific exhibit "Seeing Eye of Modern Medicine" to provide educational information on the subject of photofluorography as an ideal technique for routine admission chest X-ray in general hospital practice.

Produced also under the direction of the USPHS is a new motion picture "Routine Admission Chest X-ray in General Hospitals." Photographed at University Hospital, Ann Arbor, Mich., the film demonstrates the techniques, staff, procedures and equipment employed by one institution in the routine miniature film chest X-ray examinations of all its entering patients and periodic check-ups for its personnel.

The current nation-wide campaign was featured in the August issue of *HOSPITALS*, official journal of the American Hospital Association. Writing in *HOSPITALS*, Dr. Robin C. Buerki, Council on Professional Practice of the American Hospital Association, declared that "hospitals are participating today in the greatest effort ever made to eradicate tuberculosis in human beings."

"The immediate need is to extend the practice of routinely X-raying chests," he stated. "Hospital admissions now exceed 16,000,000 a year and other undetermined millions are seen in out-patient clinics. In these groups, the percentage of cases found is higher than in other large cross sections of the population."

Dr. William H. Oatway, Jr., member of the American Trudeau Society, the NTA's medical section, writing in the same issue, stated that "routine chest X-ray of all patients admitted to hospitals is the only way by which staff and patients can be protected from contact with the unrecognized case. Every hospital should plan on installing this method soon." He further declared, "It is also an excellent diagnostic and public health measure. The number of routinely admitted patients with unrecognized tuberculosis has been found to be between 1.5 and 2.3 per cent in both small and large hospitals."

Other articles featured in *HOSPITALS* on the routine X-ray program included those of Dr. Herman E. Hilleboe, Chief, Tuberculosis Control Division, USPHS, and Jacob Yerushalmy, principal statistician, USPHS.

The three national sponsors point out that this campaign is barely getting under way and ask that interested individuals and organizations lend immediate and continuous support. They underline the fact that nation-wide success can be achieved only by cooperative effort in every community.

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JAYCEES AND VICTORS AID PURCHASE OF X-RAY UNIT

A portable X-ray unit, to be used in cooperation with the Tuberculosis Clinic at Toledo, Ohio, will be purchased by the Toledo Public Health Association with funds raised through a drive sponsored by the Toledo Junior Chamber of Commerce and the Society of Victors, an organization of persons who have recovered from tuberculosis. A total of $19,000 has been raised through the efforts of the two organizations.

The unit, which will be owned and operated by the association, will be a bus type with a 70 mm flat plate transportable unit. Since the new equipment will make the removal of clothing unnecessary and all films will be developed at the clinic, the bus will have no dressing rooms or developing rooms.

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Available statistics from the Netherlands show a rise in deaths caused by tuberculosis of 300 per cent during the first six month of 1945.—*N. Y. Times.*

TB in Philippines

Disease is Islands' No. 1 health problem — Control work is resumed

Tuberculosis control work in the Philippines has been set back 30 years as the result of the war.

This statement was made by Dr. Heraldo del Castillo and Dr. Carmelo P. Jacinto, of the Quezon Institute, Manila, who arrived in this country in June for a six months' study of accomplishments in tuberculosis control in the United States in the past five years.

The physicians reached America in time to attend the 42nd annual meeting of the National Tuberculosis Association in Buffalo, N. Y.

Dr. Castillo is associate physician and acting assistant administrative officer of the Quezon Institute, a tuberculosis hospital established in 1919 by the Philippine Tuberculosis Society, which is affiliated with the NTA. Dr. Jacinto is radiologist at the hospital and head of the educational and information service of the society.

"Tuberculosis is the No. 1 health problem of the Islands," said Dr. Jacinto. "Before the war, the death rate was 240 per 100,000. There is no way of knowing accurately what it is today but it is estimated at 630 per 100,000.

"When you consider that 100,000 homes were destroyed during the war, that food is very scarce and very high and that the people have been under a terrific strain, it is not difficult to understand the great increase in tuberculosis.

Set Back 30 Years

"The war set our work back 30 years. We lost seven doctors engaged in tuberculosis work and $750,000 in buildings and equipment. Our materials are depleted our research laboratory burned. We haven't even enough X-ray film or pneumothorax apparatus.

"Before the war, the tuberculosis society had operational expenses of $800,000 a year. Today, we are operating on a grant of $150,000 from the Commonwealth government, which hopes eventually to bring the grant up to $400,000.

"Last year we had our first Seal Sale since 1940. Unfortunately, we got a very late start but the Seals were popular and we are going to have a Seal Sale again this year."

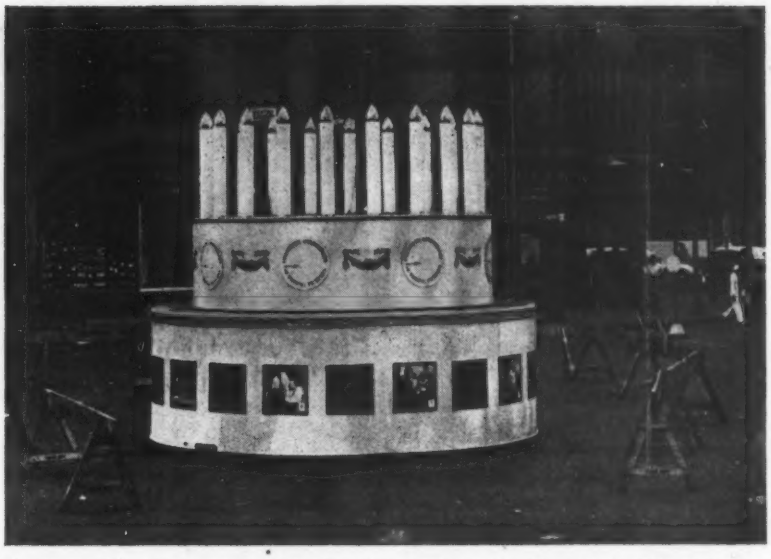
The tuberculosis society was organized in 1910 in the Philippines, according to the physicians, and since then has taken the leadership in the fight against tuberculosis. In addition to the Institute, the society had four tuberculosis pavilions in the provinces at the time of Pearl Harbor. All these were bombed or burned.

The Japanese ordered the evacuation of the Institute in March 1942 and took it over for an army hospital. There were 650 patients at the time. They were transferred, on two days' notice, to a smaller hospital which was later bombed, with a loss of 100 lives. The Institute itself was not destroyed. It has now been reopened and has 450 patients.

A long-range program has been planned by the society which calls for an intensive and widespread educational program and the building of 60 dispensaries and 25 small sanatoriums. Dr. Jacinto said that the task facing them was so enormous that it would undoubtedly take years before any noticeable results would be apparent.

"We have the will, the ideas, the people and a sanatorium," he said. "We need money, equipment and hospital supplies."

"WARNER BROTHERS PRESENTS"



Photographic "blow-ups," featuring the work of the New York City Tuberculosis and Health Association, were displayed around the base of a huge birthday cake erected in New York's Columbus Circle by Warner Brothers, in celebration of the twentieth anniversary of sound in motion pictures, July 25-Aug. 6. The exhibit, made possible through the courtesy of the motion picture company, consisted of 20 panels, each two feet square, showing the re-training of patients in institutions, vocational guidance in the post-treatment phase, health education by exhibits and movies and the continuing need for mass chest X-ray services. The final panel reminded onlookers that "the generosity of the people of this city in buying Christmas Seals makes possible the work of the association."

TB Control Fund

Congress appropriates $7,994,000 for USPHS program and grants-in-aid

The Congressional appropriation allotted to federal tuberculosis control activities in the fiscal year 1946-47 totals $7,994,000. The Tuberculosis Control Division of the USPHS has announced that of this amount $6,880,000 is designated for grants-in-aid to states. The remainder, $1,114,000, will be used for program operations of the Division. The latter include:

Divisional Operations

1. Tuberculosis control consultation service to states (public health administration, public health nursing, mass radiography, medical social service, rehabilitation, treatment facilities, health education for professional groups.)
2. Field operation of 20 traveling demonstration chest X-ray units.
3. Training of professional and sub-professional tuberculosis control personnel for Division service and for loan to states.
4. Field demonstrations to evaluate and/or improve tuberculosis control methods (record systems, follow-up service, out-patient care.)
5. Research projects within the Division and in cooperation with other agencies and medical schools (X-ray physics, epidemiology, chemotherapy, diagnostic methods, fungus infections, vital statistics and case-reporting, socioeconomic factors in tuberculosis.)

State and Local Programs

Grants-in-aid funds to states are for acceleration of tuberculosis control programs in state and local health departments, exclusive of sanatorium construction and maintenance. Funds are allocated on a matching basis, according to a formula which takes into consideration the state population, financial need and the extent of the tuberculosis problem.

TUBERCULIN TESTING AT BOYS TOWN

Two citizens of Boys Town take Mantoux tuberculin skin tests. The testing program was conducted recently by the Nebraska Tuberculosis Association. Four hundred and fifty of the boys participated as well as the school's faculty. Shown left to right are: Eugene Karnes, Mrs. Minnie Schaefer, Dr. Paul J. Martin, the Rt. Rev. Msgr. E. J. Flanagan and Walter Gunnell.

EX-PATIENTS SPONSOR SAN THERAPY WORKSHOP

The Ex-Patients Association of Gresswell Sanatorium, Mont Park, Victoria, Australia, which began as a small group within the hospital ten years ago under the sponsorship of Dr. J. B. Rosenthal, medical superintendent and Dr. J. Bell Ferguson, Victoria state director of tuberculosis, has developed to the point where its membership of approximately 500 ex-patients sponsors the hospital's social club, an occupational therapy workshop and a news bulletin for patients and ex-patients.

The workshop, under the direction of Pierce L. Hynes, an ex-patient, supplied 500 camouflage nets for army use during the past war and produced more than 800 varied articles for the semi-annual exhibit of patients' work in July 1944. Mr. Hynes, employed by the association, is one of the country's first full-time occupational therapy directors. He is keenly interested in exchanging ideas and suggestions with directors of occupational therapy in American sanatoriums and will welcome correspondence.

The association, in addition to its other activities, maintains active committees working for such objectives as the securing of adequate pensions for patients during their period of incapacity, for full rehabilitation of ex-patients and for awakening public interest in controlling and eradicating tuberculosis.

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HEALTHMOBILE RETURNS

The Healthmobile, educational exhibit owned and operated by the Brooklyn (N.Y.) Tuberculosis and Health Association, has recently returned to Brooklyn after a six months' tour of 10 Southern states. The tour, begun on Jan. 8, was arranged by the National Tuberculosis Association in cooperation with the various state associations.

New "Invader" Series

Lionel Barrymore narrator in second edition of transcribed radio dramas

Lionel Barrymore, known to millions as an outstanding stage, screen and radio star, is featured as narrator in the second series of THE CONSTANT INVADER, consisting of 13 recorded radio dramatizations produced by the National Tuberculosis Association for its affiliates throughout the country. Production of the series was begun during August and distribution is expected to begin in September. A publicity kit, *Building the Audience for The Constant Invader*, will be available at the same time, the NTA announced.

Directed by Hu Chain

The series, dramatizing the ways and means of preventing and controlling tuberculosis, and based on true stories of people who have fought and won personal battles against the disease, was written and directed by Hu Chain, well known New York radio writer, director-producer, who wrote and directed THE CONSTANT INVADER last year. Musical composition and direction is again by Ben Ludlow and the cast includes many nationally known actors of radio and theater.

First Award in '45

In winning a first award from the Ohio State University's 16th Annual Institute for Education by Radio for broadcasts interpreting civic and service organizations, the 1945 CONSTANT INVADER series, featuring Dr. A. J. Cronin as narrator, was cited as "a dramatic series which, by reason of superb writing and production, focuses attention on national health subjects. An excellent demonstration of successful education by radio."

In commenting, the judges said that the broadcasts had "a significant objective—to give the public an awareness of the dangers of the spread of tuberculosis. The list of topics seems to be an inclusive one. Such a series could affect vitally the health standards of a community. The presence of Dr. Cronin on the broadcasts adds to its appeal for the general public. The series titles show evidence of thorough planning. In some way or another all walks of life are included: industry, schools, rural communities, etc. Because of this cross section it should strike home for all.

". . . There is no preaching. . . . There is motivation for further activity . . . should succeed in arousing interest in the general public to become health minded in respect to this dread disease. . . .

"To Be Commended"

"The production is good. The cast . . . is wisely kept small. The characters are real and the dialogue is convincing. It was handled with restraint . . . excellently characterized throughout. . . . All the smaller details of sound effects were well handled. The use of the music bridges was effective and the timing was very good.

". . . The producers of this program are to be commended for approaching a scientific subject 'unscientifically'."

NARRATOR

Lionel Barrymore

VETS PROJECT COMPILES NEW ENGLAND DIRECTORY

A directory of more than 6,000 health and welfare resources throughout New England, with special reference to the rehabilitation needs of the tuberculous veteran and his family, will be published in the late fall by the New England Veterans Project of the six New England state tuberculosis associations.

The directory will be distributed to a variety of official and voluntary agencies which are providing services to veterans. The list includes state and local health and welfare departments, tuberculosis sanatoriums, veterans organizations, schools of medicine and social work, large and medium public libraries and the Veterans Administration hospital at Rutland, Mass., which cares for 500 tuberculous New England veterans.

SARANAC LAKE GRADUATES ASSIGNED TO USPHS UNITS

Ten more graduates of the Photofluorographic School operated by the Saranac Lake Study and Craft Guild at Saranac Lake, N. Y., have been assigned to X-ray units of the U. S. Public Health Service, according to *Tuberculosis Newsletter*, publication of the Tuberculosis Control Division, USPHS.

The newly graduated X-ray technicians and the places where they have been assigned are as follows:

Arthur Allen and William Petty, Baltimore, Md.; Clara Edmonds and Fulgencia Ruiz, New York, N. Y.; Ernest Erickson and Signey Kaplis, Washington, D. C.; Henry Arnoux and John Gardinier, Kansas City, Mo.; Edward Jensen, Trenton, N. J., and William Paupp, Roxboro, N. C.

There were 3,848 new cases of tuberculosis in Vienna, Austria, during the last six months, compared with 3,355 in the same six months of the previous year.—*N. Y. Times.*

Power of the Press

Arizona papers play major role in promoting state-wide X-ray survey

The part that the newspapers of a community or of a state can play in the success of a mass X-ray program is forcefully illustrated by the support given to the state-wide survey launched last February by the Arizona Anti-Tuberculosis Association, the U. S. Public Health Service and the Arizona State Department of Public Health, in which more than 60,000 chest X-rays have been taken.

According to T. C. Cuvellier, the association's executive secretary, the program started with a small measure of success but once the press agreed to give the project unprecedented publicity and commendation by editorials and cartoons, attendance at chest X-ray clinics jumped by leaps and bounds to the point where, on occasions, more than 1,000 persons were X-rayed in one day.

All-out Support

While in every community so far reached by the USPHS unit the press has been cooperative, Mr. Cuvellier states, it was the splendid support given the project by the two jointly owned Phoenix papers, the *Arizona Republic* and the *Phoenix Gazette*, that put the campaign over and awakened a new interest in tuberculosis control in Phoenix, Maricopa County and elsewhere in the state, since these two papers have state-wide as well as local circulation. Reg Manning, well known cartoonist, featured the mass X-ray in his Sunday page of cartoons in an entertaining as well as instructive manner. These cartoons have attracted much favorable comment.

On the last three days of the X-raying in Phoenix, the *Republic* and *Gazette* opened their street floor offices to the X-ray unit and during that time more than 4,000 persons received chest X-rays.

TB TRAINING COURSE

Student nurses of St. Leo's and L. Richardson Hospitals at Greensboro, N. C., learn about tuberculosis through an "Institute on Tuberculosis for Student Nurses" provided by the Greensboro Tuberculosis Association. Dr. M. D. Bonner, medical director of the Guilford County Sanatorium, Jamestown, N. C., is shown teaching one of the classes. The course is the only information the students receive on tuberculosis and the association plans its continuance.

COUNTY AIDS PURCHASE OF NORFOLK MOBILE UNIT

A mobile X-ray unit, purchased with Seal Sale funds supplemented by a $5,000 appropriation from the county board of supervisors, has recently been placed in operation by the Norfolk County (Va.) Tuberculosis Association. The new unit, manned by a technician provided by the State Department of Health, is X-raying residents of both Norfolk and Princess Anne Counties. Operating expenses are borne by the associations.

According to Miss Frances M. Brickhouse, executive secretary of the two associations, both newspaper and radio publicity on the new service has been excellent. The newspapers, Miss Brickhouse states, have been most generous in giving space to the X-ray program and, immediately following delivery of the unit, Station WGH put on an informative broadcast in which the project was discussed with Dr. William Y. Garrett, Norfolk County health director. Time for spot announcements of operating schedules is also being allocated by radio stations.

MEMORIAL SCHOLARSHIP

A $5,000 scholarship fund for industrial nursing has been set up by the Middlesex County (Mass.) Health Association as a memorial to Dr. Earl Willoughby, for many years assistant superintendent of North Reading (Mass.) State Sanatorium, the Massachusetts Tuberculosis League has announced.

NEW TB HOSPITAL

Pending expansion of Veterans Administration facilities for the care of tuberculous patients, Moore General Hospital, Swannanoa, N. C., has been designated as a specialty center for tuberculosis, according to *Medical Record*.

BROOKLYN ASSN. SETS UP INFORMATION COMMITTEE

A Public Information Committee has been recently appointed by Roy M. Hart, president of the Brooklyn (N. Y.) Tuberculosis and Health Association, to give counsel and assistance to the association's staff in the preparation of printed materials, radio and newspaper publicity in connection with health education, Christmas Seal Sale, chest X-rays and the general program of the association.

As announced by *In Short*, publication of the association, the members of the committee are:

Khosorov Ajootian, supervisor of art school, Pratt Institute; Phill Heller, educational director, Local 155, Knitgoods Workers, I.L.G. W.U.; Arthur Lyons, advertising manager, The Namm Store; J. B. Milgram, advertising manager, Trommers Brewery; Paul Murphy, advertising director, Loeser's Department Store; Frank D. Schroth, Jr., *Brooklyn Eagle*, and William Tobey, sales promotion manager, Abraham and Straus Department Store.

The new committee is one of several appointed by Mr. Hart during the past few months to serve the association in an advisory capacity.

NTA AWARDS PHYSICIANS 4 TRUDEAU SCHOLARSHIPS

Scholarships covering tuition fees have been awarded to three physicians by the National Tuberculosis Association for study at the Trudeau School of Tuberculosis which opened its thirty-second session on Sept. 9, at Saranac Lake, N. Y.

The course, consisting of four weeks' instruction and clinics at Saranac Lake and nearby sanatoriums, followed by two weeks of supplementary work at Bellevue Hospital, New York City, is intended for graduates in medicine who wish to prepare themselves for sanatorium or public health practice, for physicians desiring a refresher course in tuberculosis and for fourth year undergraduates.

The 1946 scholarships were awarded to: Dr. Gilbert Douglas, Birmingham, Ala.; Dr. H. L. Marshall, professor of public health and preventive medicine, University of Utah Medical School, Salt Lake City, Utah, and Dr. R. J. Dalton, director, Lake County (Fla.) Health Department, Tavares, Fla.

One additional scholarship, placed at the disposal of the NTA by the Trudeau School, was awarded to Dr. Earl A. Rogers, director, Tuberculosis Control Division, Nebraska Department of Health, Omaha, Neb.

Travelling and maintenance expenses of the physicians taking the course are financed by the Anti-Tuberculosis Association of Jefferson County, Ala.; the Utah Tuberculosis Association, the Florida Tuberculosis Association and the Lake County (Fla.) Tuberculosis Association and the Nebraska Tuberculosis Association, respectively.

A NEW SUBJECT

Students who took part in a recent survey conducted by the San Francisco (Calif.) Tuberculosis Association at the Booker T. Washington Community Center in that city learn about X-ray equipment from Technician Leon Dunwell. Left to right: Mr. Dunwell, Frank Winborn, Amado Maun and Leslie Arnett.

OHIO MEETING VOTES TO CHANGE ASSN. NAME

The membership of the Ohio Public Health Association, at its annual meeting in May, voted to change the organization's name to the Ohio Tuberculosis and Health Association, according to a recent release.

The change, marking the third name adopted in the 45 years since its founding, brings the state association into line with its local component units, most of which are known as County Tuberculosis and Health Associations.

NEW TEXAS ASSNS.

Seven new tuberculosis associations were organized in Texas last year, according to *Here and There*, news bulletin of the Texas Tuberculosis Association. The new affiliates bring to 77 the number of associations in the state. They were organized in the counties of Anderson, Bell, Cooke, Fannin, Rusk, Shelby and Wheeler.

Will X-Ray 142,000

Erie County (Pa.) survey will begin in October under broad sponsorship

The Erie County (Pa.) Health and Tuberculosis Association, in cooperation with the Pennsylvania Department of Health, the Erie County Medical Society, city and county health departments and other groups, is planning a free mass X-ray survey of the approximately 142,000 Erie County residents of 15 years of age and over. The survey is scheduled to begin Oct. 1, the association has announced.

New X-Ray Units

The state health department has purchased two 70 mm portable X-ray units for use in the survey. The department will also provide films, technicians and record cards and will pay for the 14" x 17" celluloid films of those persons whose survey films indicate suspected tuberculosis or other pathology.

The local groups will handle publicity, arrange schedules, conduct industrial, commercial and house-to-house canvasses of all city, town and rural residents, provide all clerical help, interpret the films, mail notices to patients, physicians and health departments and do the follow-up.

Jaycees Assist

An intensive educational campaign is planned under the leadership of the Erie Junior Chamber of Commerce which is also taking a leading part in other phases of the survey.

The survey is under the direction of Dudley Selden, a local manufacturer, whose father was one of the founders of the Erie County Health and Tuberculosis Association in 1910 and served as one of its early presidents.

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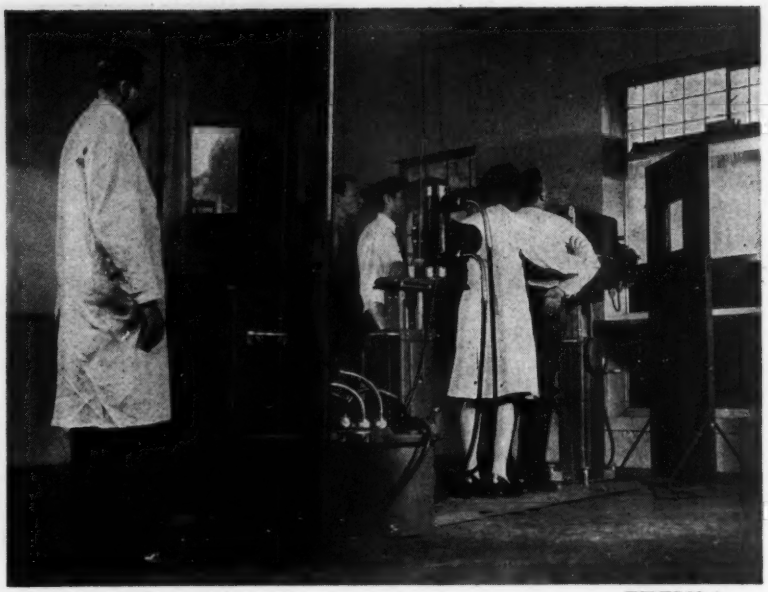
Tuberculosis is next in importance to malaria as a public health problem in Turkey. — *A. M. A. Journal.*

SURVEY TECHNIQUES



USPHS Photo

Planning and operation of group chest X-ray case-finding programs are shown in action in a new film, "Techniques of Group Chest X-ray Services," released by the Tuberculosis Control Division of the U. S. Public Health Service. The film re-enacts an actual mass radiography project with the most modern equipment and methods from the time it is first scheduled until it has been completed and all reports tabulated.

DR. SPECTOR, FORMER NTA DIRECTOR, DIES

Dr. Hyman I. Spector, past president of the Mississippi Valley Conference on Tuberculosis and a member of the organization's governing council in 1937 and 1939, died July 6, aboard a train near Cheyenne, Wyo., as he was returning from the American Medical Association convention at San Francisco.

Dr. Spector, who was associate professor of internal medicine at the St. Louis (Mo.) University School of Medicine, served as a member of the board of directors of the National Tuberculosis Association in 1943 and 1944.

He was a member of the NTA's executive committee in 1943 and 1944 and chairman of the American Trudeau Society's Committee on Co-Existent Syphilis and Tuberculosis in 1943, 1944 and 1945.

NEW CAMERA X-RAYS FAIRCHILD EMPLOYEES

An X-ray examination of Fairchild Camera and Instrument Corporation employees was held recently at the company's Jamaica, N. Y., plant, with 97 per cent of the company's 2,000 employees participating.

The X-raying was of particular interest to Fairchild employees since, according to the company, it was the first time most of them have seen one of the new Fairchild 70-mm photo-fluoro-record cameras, which they have been building by the hundreds during the past year, in actual use.

The survey at the Fairchild plant is one of a series arranged through the Queensboro (N. Y.) Tuberculosis and Health Association in cooperation with the U. S. Public Health Service and the New York State Department of Labor.

SIX HOSPITAL PROGRAMS STUDIED BY REHAB TEAM

A rehabilitation team headed by Dr. Norvin C. Kiefer, liasion officer between the Tuberculosis Control Division of the U. S. Public Health Service and the U. S. Office of Vocational Rehabilitation, and composed of a nurse, a medical social worker, a rehabilitation counselor and an occupational therapist, is engaged in a study of rehabilitation programs in six tuberculosis hospitals, the USPHS has announced.

The study, initiated following a rehabilitation conference of representatives of official and voluntary organizations held in Washington, D. C., last March, is sponsored by the USPHS, the U. S. Office of Vocational Rehabilitation and the National Tuberculosis Association.

The members of the team are: Dr. Kiefer, Mrs. Margaret Dolan, Asst. Nurse Officer (R), Tuberculosis Control Division, USPHS; Miss Marion Russell, medical social worker, U. S. Office of Vocational Rehabilitation; Miss Hester Hood, rehabilitation counselor, U. S. Office of Vocational Rehabilitation and Miss Borghild Hansen, occupational therapist, NTA.

The sanatoriums to be visited are:

Montefiore Country Sanatorium, Bedford Hills, N. Y.; Sunny Acres Sanatorium, Cleveland, Ohio; Glen Lake Sanatorium, Oak Terrace, Minn.; Veterans Administration Hospital, Oteen, N. C.; Uncas-on-Thames Sanatorium, Norwich, Conn. and State Tuberculosis Sanatorium, Orlando, Fla.

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COSTA RICA WILL GET NEW TUBERCULOSIS SAN

The Anti-Tuberculosis Association of Costa Rica recently signed a contract providing for the construction of a tuberculosis hospital at San Jose, according to the country's Bureau of the Public Health Service.

NTA WINS MUTUAL BENEFIT AWARD FOR SECOND TIME

During July the National Tuberculosis Association received, for the second time in two years, the Mutual Benefit Health and Accident Association's award of $100 given to the favorite philanthropies of the persons whose life stories are dramatized on the organization's weekly "Freedom of Opportunity" broadcasts.

The 1946 award was given in the name of Mary Roberts Rinehart, well known writer, whose life was dramatized on the program of Sunday, June 30. Last year's award was given following a broadcast on Victor Herbert, musician and composer.

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PASSAIC TEXTILE WORKERS GET FREE CHEST X-RAYS

Approximately 92 per cent of Passaic's Botany Worsted Mills' 5,000 employees were given free chest X-rays recently by the Division of Tuberculosis Control of the New Jersey State Department of Health. The service was arranged by the Passaic County Tuberculosis and Health Association in cooperation with the Division, the company, Local 654, Textile Workers Union of America, and the Passaic Chamber of Commerce, which is sponsoring health programs in Passaic industries.

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ONTARIO AND QUEBEC TO AGREE ON TB CARE

An agreement has been reached, according to the Canadian Tuberculosis Association, between the Provinces of Ontario and Quebec which enables tuberculous patients in either province to be admitted directly to sanatoriums without the previous one-year residence qualification. The cost of treatment will be borne by their home province.

A similar agreement is in effect between Ontario and Saskatchewan. Others are pending between Ontario, Alberta and Manitoba.

BOOKS

Pulmonary Tuberculosis in the Adult —Its Fundamental Aspects, by Max Pinner, M.D.

Published by Charles C. Thomas, Springfield, Ill.; 579 pages with charts, ills., bibliography and index. Price, if purchased through The BULLETIN, $7.50.

This is an excellent addition to the tuberculosis reference library and should be enthusiastically read by those working scientifically in the tuberculosis field. It will probably become the most thumb-marked of the library, because it is a careful, readable compilation of scientific facts, with information easily available.

This book contains not only the basic science of our knowledge of tuberculosis, but also a wealth of clinical applications.

Each chapter deals with and refers back to previous parts, so that the whole subject is undivided in thought and is entirely and expertly covered. A valuable feature closing each chapter is the annotated bibliography which is not only informative but practically exhaustive.—GAG.

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Eight Years of Public Health Work, by Harry E. Handley, M.D. and Carolina Randolph.

Published by The Commonwealth Fund, New York, N. Y., 1946; 79 pages. Price, if purchased through The BULLETIN, $.50.

Public health workers, especially those who expect to take part in the planning or operation of a rural health center or who are now doing so, will be challenged by this report of the work of the Jones County Health Department in Mississippi. Financed in part by outside help, this health department has demonstrated to the people of a community that an adequate health service is worth while and deserving of support by local taxes.—EFJ

BOOKS

Industry, Tuberculosis, Silicosis and Compensation, by LeRoy U. Gardner, M.D. Prepared by the Committee on Tuberculosis in Industry of the National Tuberculosis Association and the American Trudeau Society.

Published by the National Tuberculosis Association, New York City, 1946. 126 pages with index and illustrations. Price, if purchased through The BULLETIN, $2.00.

Reviewed by Frank R. Ferlaino, M.D., medical director, General Motors Corporation, New York City.

Thirteen authorities have contributed to produce this splendid, informative and up-to-date symposium. The book is of value not only to industrial physicians but also to all chest specialists and private physicians who are interested in modern and useful information on tuberculosis, case-finding programs and mass X-ray surveys. The pneumoconioses, with emphasis on silicosis, are all skillfully handled. Outstanding are the chapters on the more recent compensation and disability aspects of these diseases and other occupational diseases.

The role played by the U. S. Public Health Service in the ultimate conquest of tuberculosis, and its assistance to state and local health departments in setting up control programs, is outlined. The extension of mass survey methods to all industrial workers in order to achieve the final eradication of tuberculosis is the objective for the immediate future.

The procedures used by the industrial physician in the control of tuberculosis in an industrial group are discussed in detail. These practical methods have achieved an extraordinary degree of success in reducing the incidence of disease, 70 per cent of the cases being discovered in the minimal stage.

An excellent review of the problems of silicosis and silico-tuberculosis, of interest to the specialist, general practitioner and industrial hygienist, is presented. Control of the hazards and present-day status of aluminum therapy in the prevention and treatment of silicosis is accurately described.

Respiratory hazards of electric welding are given due consideration. The last two chapters discuss the modern concepts of occupational diseases under various state laws. The conditions under which tuberculosis is regarded as a compensable disease are mentioned. The proper recognition of occupational disease is stressed. This must be based on carefully summarized medical data, since the ultimate achievement is the prevention of accidents and control of occupational disease. This handy volume will bring to the interested physician an unusual amount of valuable, scientific material in this specialty field.

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Social Aspects of Tuberculosis, by S. Roodhouse Gloyne, M.D.

Published by Faber and Faber Limited, London, England; 194 pages with bibliography and index. Price, if purchased through The BULLETIN, $2.50.

This book, the outcome of a series of lectures to students of social work, is accordingly pointed and easy to read. Although the author has written the book with the social aspects of tuberculosis as they affect Great Britain in mind, nevertheless the principles can be applied to this country.

Beginning with a short history of our knowledge of the disease, the growth of the sanatorium movement is traced up to the present day when plans for after-care and rehabilitation are included in good tuberculosis control.

Infection and resistance are discussed. The two factors of immunity are pointed out: first, inherited racial immunity, and second, nontransmissible acquired immunity.

Dr. Gloyne believes that one of the factors which diminishes resistance is overcrowding. "Men crowd together at their peril." With more than a million families in this country doubling up, due to the housing shortage, his warning may be timely.—HH

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American Foundations for Social Welfare, by Shelby M. Harrison and F. Emerson Andrews.

Published by Russell Sage Foundation, New York, 1946; 249 pages with index. Price, if purchased through THE BULLETIN, $2.00.

This report on American foundations lists and describes the over 500 trusts which account for 3 per cent of the budget of private philanthropy. There is also a brief review of the history, organization, resources and general trend of giving in these organizations. The philanthropic foundations in the United States exert an influence quite out of proportion to the scope of their resources. They are of special interest to tuberculosis workers because most of their expenditures are concentrated in the fields of education, social welfare and health. —EFJ

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A Future for Preventive Medicine, by Wilson G. Smillie, M.D.

Published by The Macmillan Company, New York, N. Y., 1946; 607 pages with index. Price, if purchased through THE BULLETIN, $6.00.

This text book was prepared to introduce medical students to preventive medicine as a part of the practice of medicine. Much material which is of interest to public health workers primarily has been given limited consideration. Greater emphasis is placed on the control of communicable diseases and child and adult health. The chapter on tuberculosis contains several inconsistencies and some slight errors. These minor defects do not create an erroneous impression of trends and are unimportant in this excellent and much needed presentation of the preventive aspects of clinical medicine.—EFJ & HC

BOOKS

Organized Labor's Participation in Social Work: A Selected Bibliography, compiled by Margaret M. Otto.

Published by Russell Sage Foundation, New York, N. Y., 1945; 8 pages. Price, if purchased through THE BULLETIN, 10 cents.

A brief bibliography listing recent publications dealing with activities of labor unions in three aspects of social work: counseling and case work services, participation in fund raising and community planning, and health and medical care programs.—WAD

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Nursing and Nursing Education, by Agnes Gelinas, R.N.

Published by The Commonwealth Fund, New York, N.Y., 1946; 67 pages with index. Price, if purchased through The BULLETIN, $1.00.

This little book is an important addition to the series of monographs on medical problems of today issued under the auspices of the Committee on Medicine and the Changing Order of the New York Academy of Medicine.

The author, who is one of the leading nurse educators, describes the evolution of nursing and the improvements in education forced by new demands upon nurses. The development of public health nursing into a major field of nursing is traced.

The war accelerated changes in nursing, notably the acceptance of the non-professional worker in hospitals depleted of graduate nurses, the Cadet Nurse program and increased nursing service in industry.

Post-war plans place great responsibility on the nursing profession. Group insurance adds to the need for hospital nursing and increases the demand on public health nurses. If graduate nurses are to be attracted to institutional work, personnel policies must be improved. Great emphasis should be placed on health programs in all hospitals because of the inherent hazards in nursing.

Schools of nursing face many problems today among which the most urgent would seem to be those of organization, financial support and the selection of students. I am pleased to note that Miss Gelinas stresses the need for including the specialties, psychiatry and tuberculosis nursing in the basic preparation of the nurse.—LLC

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The 1945 Year Book of Radiology by Charles A. Waters, M.D., and Ira I. Kaplan, M.D.

Published by the Year Book Publishers Inc., Chicago, Ill., 1945; 464 pages, ills. Price, if purchased through THE BULLETIN, $5.00.

This volume is equally divided between radiologic diagnosis and radiotherapeutics. The systems of the body are considered separately. This should appeal to the reader who is primarily interested in a specialty other than radiology. Contributions appearing in many scientific publications have been abstracted and are accompanied by fine reproductions of films and charts so that the reader is not required to read the original article in order to grasp an understanding of the subject. Selections have been made on the basis of the scientific approach and current interest.

Dr. Kaplan's introduction to the section on radiotherapeutics includes a resume of the year's scientific advances in the field of radiation and research with bibliography. This is one of the outstanding chapters. The therapy section covers the treatment of non-neoplastic conditions as well as the treatment of neoplasms. Emphasis is placed on cases having histologic verification of the diagnosis. Treatment technics with end results are given. Subject index and author index are appended. — Robert K. Arbuckle, M.D.

PEOPLE

Dr. Robert E. Schwartz has been named president of the Mississippi Tuberculosis Association, succeeding Judge J. H. Price, president for the past 12 years. Judge Price was named honorary vice-president. Other officers and members of the executive committee elected were: W. D. Deterly, Natchez, vice-president; E. E. Laird, Jackson, treasurer; Mrs. Janestine C. Haralson, Vicksburg; Dr. Felix J. Underwood, Jackson and Dr. Henry Boswell, Sanatorium. Logan H. McLean was re-appointed executive secretary for the 16th consecutive year.

Mrs. Marjorie J. Roads, Miss Susan C. Mahrer and Miss Dorothy B. Hensel have joined the staff of the Michigan Tuberculosis Association as assistant rehabilitation consultant, assistant publicity director and director of the association's film library and art department, respectively.

Miss Helen E. Tavernetti has been appointed executive secretary of the Monterey County (Calif.) Tuberculosis and Health Association.

Mrs. Harry Gilmore will succeed Mrs. R. W. Springer as executive secretary of the Sullivan County (Ind.) Tuberculosis Association.

James G. Somerville has succeeded John J. Connolly as director of the industrial relations department of the Tuberculosis Institute of Chicago and Cook County, Ill.

Mrs. Jessie S. Jones is the new executive secretary of the Chenango County (N. Y.) Committee on Tuberculosis and Public Health. She succeeds Mrs. Dorothy Adwards.

Mrs. George Faris has succeeded Mrs. Kathleen B. Davis as executive secretary of the Meigs County (Ohio) Tuberculosis Association.

PEOPLE

Miss Beatrice Woodward, for 30 years a member of the staff of the California Tuberculosis and Health Association, retired Sept. 1. Miss Woodward, who directed the association's nursing service when it was first inaugurated in 1916, spent the past 15 years as a field representative, travelling in 10 to 15 counties annually, speaking before schools and clubs and assisting local groups in developing health education programs.

Dr. Mary Spencer, ex-president of the New England Health Education Association and chairman of the Massachusetts Public Health Association's section on child health and education, has been elected president of the Malden (Mass.) Tuberculosis and Health Association.

Miss Julia Taylor has been appointed nutrition consultant on the staff of the Harlem Tuberculosis and Health Committee of the New York (N. Y.) Tuberculosis and Health Association. For the past two years Miss Taylor has been staff nutritionist with Moton Health Service, Community Service Society of New York.

Patrick Kelley, formerly public relations director of the San Francisco Community Chest, has been appointed executive secretary of the San Francisco (Calif.) Tuberculosis Association. Mr. Kelley succeeds Paul Neiman, who was associated with the organization for the past 19 years.

Miss Viola K. Steger, former assistant head nurse at Trudeau Sanatorium, has been appointed executive secretary of the Travis County (Texas) Tuberculosis Association.

Mrs. Evelyn Sharp, Deland, Volusia County Jeanes Supervisor, has been reelected as chairman of the Florida statewide Negro tuberculosis committee, a part of the Florida Tuberculosis Association. Other officers are: William Du Bose, De Funiak Springs, vice-chairman, and Mrs. Elizabeth Espy, Miami, secretary.

Mrs. S. S. Crockett, for the past 13 years with the Vocational Rehabilitation Division of the Tennessee Department of Education, has been appointed special counselor for the tuberculous. Mrs. Crockett, who will work with the Division on a state-wide basis, organized Tennessee's first Christmas Seal Sale in 1908.

Mrs. Ralph Elliott is the new executive secretary of the Lincoln County (Wash.) Tuberculosis Association, succeeding Mrs. Bertha Rux. Mrs. James Dickinson has succeeded Mrs. Robert Johanson as executive secretary of the Benton County League and Mrs. Frank Overacker was recently appointed executive secretary of the Klickitat County (Wash.) Tuberculosis League.

Dr. J. T. Villani has succeeded the late Dr. Clarence L. Hyde as superintendent of the Edwin Shaw Tuberculosis Sanatorium, Summit County, Ohio, and Dr. Herman J. Nimitz has returned to Dunham Hospital, Hamilton County, as superintendent after three and one half years overseas.

Miss Lucy White Porter has been named executive secretary of the Jackson County (Mich.) Tuberculosis Association. Miss Porter succeeds Mrs. Dorothy Taylor.

The September Review

The American Review of Tuberculosis has moved its editorial offices. Effective Sept. 1, the new address is: 364 Fourteenth St., Oakland 12, Calif. Because of this circumstance the table of contents, usually carried in this space, is missing. Publication of the *Review* makeup will be resumed in the October BULLETIN.